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DECLARATION			Attorney Doo	cket Number	MCP-284		
,	AND OF ATTORNEY		First Named	Inventor	SZYMCZAK et al.		
	ITY OR DESIGN		-	COMPLE	TE IF KNOWN		
	APPLICATION CFR 1.63) Declaration Subm OR Initial Filing (Sur (37 CFR 1.16(e))	Surcharge	Application I	Number_			
Declaration Submitted with Initial Filing			Filing Date				
			Group Art U	nit			
			Examiner Na	ame			
As a below named inventor, I hereby declare that:							
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
HIGH POTENCY SIMETHICONE SOLID DOSAGE FORM USING SILICIFIED MICROCRYSTALLINE CELLULOSE AND MAGNESIUM ALUMINOMETASILICATE ALONE OR IN COMBINATION WITH ANOTHER THERAPEUTIC COMPOUND (Title of the Invention)							
the specification of which							
is attached hereto							
OR .							
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country		Filing Date D/YYYY)	Priority Not Claime	Certified Copy Attached? YES NO		
•	ration numbers are liste	d on a suppl	emental priori	U data sheet P	TO/SB/02B attached hereto:		
Additional loteign applic	MINOR HUMBOLD GIG IIDLG	a on a suppi	omontai priori	ij dala dilocti	,		

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DECLARATION - Utility or Design Patent Application							
I hereby claim the benefit under 35 U.S.C	. 119(e) of any United States provisional a	pplication(s) listed below.					
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:							
Application Serial No.	Filing Date	Status Status					
		Patented Patented Patented					
I hereby appoint:		DI 0 1					
Practitioners at Customer Number	Place Customer Number Bar Code Label Here						
AND							
Practitioner(s) named below: Name Registration Number							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Address all telephone calls to Timothy E. Tracy at telephone number (732) 524-6586.							
Customer Number Direct all correspondence to:							
Name:							
Address:							
Address:							
City:	State:	ZIP					
Country	Telephone:	Fav.					

I hereby declare that all statements m information and belief are believed to that willful false statements and the like U.S.C. 1001 and that such willful false issued thereon.	be true; and further ce so made are pun	that these st ishable by fin	atements were e or imprisonm	made with the knowledge ent, or both, under 18			
			as been filed for this unsigned inventor				
Given Name (first and middle [if any]) Chrisotpher E.		Family Name or Surname	Szymczak				
Inventor's Signature			Date				
Residence: City Marlton	State NJ	State NJ Count		Citizenship USA			
Mailing Address 79 Colts Gait Road				_			
City Marlton	State NJ	ZIP	08053	Country USA			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SECOND INVENTOR:	A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) James T. Family Name or Surname Walter							
Inventor's Signature			Date				
Residence: City Ambler	State PA	Cou	ntry USA	Citizenship USA			
Mailing Address 220 Hendricks Street							
City Ambler	State PA	ZIP	19002	Country USA			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF THIRD INVENTOR:	AME OF THIRD INVENTOR: A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) Family Name or Surname							
Inventor's Signature		Date					
Residence: City	State	Cou	ntry	Citizenship			
Mailing Address							
City State		ZIP		Country			